

# **APPROVAL CRITERIA AND ERROR TOLERANCE LEVEL**

**NOTE:** The regulations are identified by bold and italics.

The section number located at the top right corner of the first page of each regulation refers to the California Code of Regulations, Title 22, Division 7, Chapter 10, Article 8.

**OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT  
CALIFORNIA EMERGENCY DEPARTMENT AND  
AMBULATORY SURGERY DATA REPORTING MANUAL,  
MEDICAL INFORMATION REPORTING FOR CALIFORNIA, SECOND EDITION**

**APPROVAL CRITERIA**

**Section 97247**

***(a) The following requirements must be met for a report to be approved by the Office:***

***(1) Complete transmittal information must be submitted with each report.***

***(2) The facility identification number stated in the transmittal information must be consistent with the facility identification number on each of the records in the report.***

***(3) The report period stated in the transmittal information must be consistent with all of the records in the report.***

***(4) The number of records stated in the transmittal information must be consistent with the number of records contained in the report.***

***(5) All records required to be reported pursuant to 97213(a), must be reported.***

***(6) The data must be reported in compliance with the format specifications in Section 97215.***

***(7) The data must be at, or below, the Error Tolerance Level specified in Section 97248.***

***(8) The data must be consistent with the reporting facility's anticipated trends and comparisons, except as in (A) below:***

***(A) If data are correctly reported and yet are inconsistent with the reporting facility's anticipated trends and comparisons, the reporting facility may submit to the Office a written explanation detailing why the data are correct as reported. The Office may determine, upon review, that it will approve a report.***

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**(9) Each report must contain only one type of record as specified in Subsections (1), (2), and (3) of Subsection (a) of Section 97213.**

**DISCUSSION**

Only one type of record should be submitted in each report file. For example, if a hospital has both an Emergency Department and an ambulatory surgery department, they would submit two separate report files: a file with all ED records and a file with all AS records.

If a report for one type of record is accidentally submitted for another type of record, the data file needs to be resubmitted under the correct record type. Problems should be brought to the attention of your analyst, or you may contact the Patient Data Section at (916) 323-7679.

**(b) The Office shall approve or reject each report within 15 days of receiving it. The report shall be considered not filed as of the date that the facility is notified that the report is rejected. Notification of approval or rejection of any report submitted online shall not take more than 15 days unless there is a documented MIRCal system failure.**

**DISCUSSION**

A data report may not be approved due to any of the following circumstances:

- Data did not pass Transmittal edit program; refer to the Ed and AS Transmittal Errors FAQs on the MIRCal website for information.
- The percentage of errors within the data is not within the Error Tolerance Level (ETL); refer to individual edit programs for explanation of edits.

If any of the above conditions are present, the data report may not be approved and the reporting facility may be notified that its data report is delinquent if it is past the due date. The facility will accrue \$100 per day in penalties until the conditions for approval are met or an extension request is received and/or granted.

For a detailed listing of the edits, view the individual edits programs within the “View Error Reports” option located on MIRCal’s main menu. Review both the Summary and Detail reports of each program.

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**ERROR TOLERANCE LEVEL**

**Section 97248**

***(a) The Error Tolerance Level (ETL) for data reported to the Office shall be no more than 2%. Errors as defined in Subsection (k) of Section 97212, must be corrected to the ETL.***

**DISCUSSION**

If more than 2% of all records submitted for the reporting period have errors, the records must be corrected to below 2%.

Records that are in error but are below the 2% ETL will be accepted and the defaults in (c) and (d) will apply.

***(b)*** Not Applicable to ED or AS. See Appendix B for complete text of regulations.

***(c) For emergency care data reports that do not exceed the Error Tolerance Level specified in Subsection (a) of this Section, defaults will be as shown in Table 2.***

<b>Table 2: Emergency Care Data Record Defaults</b>	
<b>Invalid Data Element</b>	<b>Default</b>
<b>Service date</b>	<b>delete record</b>
<b>Principal Diagnosis</b>	<b>799.9</b>
<b>All other data elements</b>	<b>blank or zero</b>

**DISCUSSION**

If the Service Date is invalid as reported and left uncorrected, the entire emergency care data record will be deleted.

If the Principal Diagnosis is invalid as reported and left uncorrected, a default code of 799.9 will be used as the Principal Diagnosis.

If any other data element is invalid as reported and left uncorrected, the data field will become blank or be zero-filled, whichever is applicable.

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*(d) For ambulatory surgery data reports that do not exceed the Error Tolerance Level specified in Subsection (a) of this Section, defaults will be as shown in Table 3.*

<b>Table 3: Ambulatory Surgery Data Record Defaults</b>	
<b>Invalid Data Element</b>	<b>Default</b>
<b>Service date</b>	<b>delete record</b>
<b>Principal Diagnosis</b>	<b>799.9</b>
<b>All other data elements</b>	<b>blank or zero</b>

**DISCUSSION**

If the Service Date is invalid as reported and left uncorrected, the entire ambulatory surgery data record will be deleted.

If the Principal Diagnosis is invalid as reported and left uncorrected, it will be defaulted to 799.9.

If any other data element is invalid as reported and left uncorrected, the data field will be defaulted to blank or the field will be zero-filled, whichever is applicable.